

Chronic pelvic pain

www.mayoclinic.com

ARTICLE SECTIONS

"	Introduction		Screening and diagnosis
"	Signs and symptoms		Treatment
"	Causes		Self-care
"	When to seek medical advice		

Introduction

Chronic pelvic pain refers to any pain in your pelvic region — the area below your bellybutton and between your hips — that lasts six months or longer. If you were asked to locate your pain, you'd be more likely to sweep your hand over that entire area rather than point to one spot. Chronic pelvic pain can be a symptom of another disease, or it can be designated as a condition in its own right.

Determining what's causing your discomfort may be one of medicine's more puzzling and frustrating endeavors. Indeed, no physical cause may ever be discovered. Many women who experience chronic pelvic pain never receive a more specific diagnosis.

If your doctor can determine the source of your chronic pelvic pain, then treatment can focus on eliminating that cause. If no cause can be found, then treatment for chronic pelvic pain focuses on managing the pain.

Signs and symptoms

Chronic pelvic pain exhibits many different characteristics. Among the signs and symptoms are:

- Severe and steady pain
- Pain that comes and goes (intermittent)
- Dull aching
- Sharp pains or cramping
- Pressure or heaviness deep within your pelvis

In addition, you may have pain during intercourse, while having a bowel movement or even when you sit down. The pain may intensify after standing for long periods and may be relieved when you lie down. The pain may be so bad that you miss work, can't sleep and can't exercise. The pain may vary from mild to severe, from annoying to disabling.

Causes

Several gynecologic problems may be the source of chronic pelvic pain. However, other diseases can cause pelvic pain, such as irritable bowel syndrome and interstitial cystitis. In addition, psychological factors may contribute to your pain.

Some of the more common causes of chronic pelvic pain include:

- **Endometriosis.** This is a condition in which tissue from your uterine lining (endometrium) grows outside your uterus. These deposits of tissue respond to your menstrual cycle, just as your uterine lining does — thickening, breaking down and bleeding each month as your hormone levels rise and fall. Because it's happening outside your uterus, the blood and tissue can't exit your body through

your vagina and become trapped in your abdomen. This can lead to painful cysts and adhesions (fibrous bands of scar tissue).

- **Tension in your pelvic floor muscles.** Spasms or tension of the pelvic floor muscles can lead to recurring pelvic pain.
- **Chronic pelvic inflammatory disease.** This can occur if a long-term infection, often sexually transmitted, causes scarring involving the pelvic organs.
- **Pelvic congestion syndrome.** This is a condition that may be caused by enlarged, varicose-type veins around the uterus and ovaries.
- **Ovarian remnant.** During a complete hysterectomy — surgical removal of the uterus and ovaries — a small piece of ovary may be left inside, which can later develop tiny, painful cysts.
- **Fibroids.** These noncancerous uterine growths may cause pressure or a feeling of heaviness in your lower abdomen. They rarely cause sharp (acute) pain unless they become deprived of nutrients and begin to die (degenerate).
- **Irritable bowel syndrome.** Symptoms associated with irritable bowel syndrome — bloating, constipation or diarrhea — can be a source of uncomfortable pelvic pain and pressure.
- **Interstitial cystitis.** Chronic inflammation of the bladder and a frequent need to urinate characterize interstitial cystitis. You may experience pelvic pain as your bladder fills, which may improve temporarily after emptying your bladder.
- **Psychological factors.** If you are depressed, experience chronic stress or have been sexually or physically abused, you may be more likely to experience chronic pelvic pain. Emotional distress makes pain worse, and likewise living with chronic pain makes emotional distress worse. So chronic pain and emotional distress frequently get locked into a vicious cycle.

When to seek medical advice

With any chronic pain problem, it can be difficult to know when you should go to the doctor. In general, make an appointment with your doctor if your pelvic pain disrupts your daily life or if your symptoms seem to be getting worse

Screening and diagnosis

Figuring out what's at the root of your chronic pelvic pain often involves a process of elimination, because numerous disorders could be responsible. Your doctor will ask you to describe the type of pain you're experiencing, when it occurs, how long it lasts, how severe it is, and what makes it better or worse. Your doctor may also ask you to keep a journal of your symptoms. Also be prepared to discuss your personal health history and family history.

Possible tests or exams your doctor might suggest include:

- **Pelvic examination.** This can reveal signs of infection, abnormal growths or tense pelvic floor muscles. Your doctor will check for areas of tenderness and changes in sensation. This pelvic examination may be more extensive than what you're used to during a routine gynecologic examination. It's important to let your doctor know if you feel any pain during this exam, especially if the pain is similar to the discomfort you've been experiencing.
- **Cultures.** Samples can be taken from your cervix or vagina to check for infection, including sexually transmitted diseases, such as chlamydia, herpes and gonorrhea.
- **Laparoscopy.** Using a thin tube attached to a small camera (laparoscope), your doctor (gynecologist) checks for abnormal tissues or signs of infection in your pelvis. This is especially useful in detecting endometriosis and chronic pelvic inflammatory disease.

- **Imaging studies.** Your doctor may use ultrasound, abdominal X-rays and computerized tomography (CT) and magnetic resonance imaging (MRI) scans to help detect abnormal structures or growths.
- **Pain mapping.** Using a laparoscope and specialized instruments, your doctor touches certain areas in your pelvis and asks if any cause you pain. Noting these areas of pain — or mapping where they occur — may help your doctor better identify the cause of your pain and determine an effective course of treatment.

Treatment

If your doctor can pinpoint a specific underlying cause, your treatment will focus on eliminating that particular cause. However, if no cause for your pelvic pain can be found, your treatment goals will focus on managing the pain.

Possible treatments for chronic pelvic pain include:

- **Pain relievers.** Over-the-counter pain remedies, such as aspirin, ibuprofen (Advil, Motrin, others) or acetaminophen (Tylenol, others), may provide partial relief from your pelvic pain. Sometimes a prescription pain reliever may be prescribed, but rarely will a medication be the solution for chronic pain.
- **Hormone treatments.** Some causes of pelvic pain have a cyclical pattern, meaning that they're tied to your menstrual cycles and the hormones your body produces. You may tend to feel the pain at certain times of the month rather than on a daily basis. Adjusting hormone levels by using birth control pills or other hormonal medications may help relieve cyclic pelvic pain.
- **Antibiotics.** If an infection is the source of your pain, your doctor may prescribe antibiotics.
- **Antidepressants.** Antidepressants can be helpful for a variety of chronic pain syndromes. Tricyclic antidepressants, such as amitriptyline, nortriptyline (Aventyl, Pamelor) and others, seem to have pain-relieving as well as antidepressant effects. They're commonly used for chronic pain control even in people who don't have depression. Typically, you won't need as high a dose to treat chronic pain as you would to treat depression.
- **Physical therapy.** Applications of heat and cold to your abdomen, stretching exercises, massage and other relaxation techniques, or transcutaneous electrical nerve stimulation (TENS) therapy may improve your chronic pelvic pain. Your doctor might also recommend exercises to strengthen your pelvic floor muscles. A physical therapist can assist you with these therapies and can help you develop coping strategies for the pain.
- **Counseling.** Your pain could be intertwined with a serious psychological or social problem stemming from such factors as depression, sexual abuse, a personality disorder, a troubled marriage, difficulty in maintaining relationships or a family crisis, for example. Getting help for psychological, social, spiritual and emotional challenges may be essential for treating your chronic pelvic pain.
- **Trigger point injections.** If your doctor has mapped out the points where you feel pain, a possible treatment option is the direct injection of a numbing medicine into a painful spot (trigger point). The medicine, usually a long-acting local anesthetic, can block pain and ease discomfort.
- **Nerve separation (ablation).** Sometimes the source of chronic pelvic pain is linked to complex pathways in your neurological system. Procedures to control the pain impulses sent to or from your pelvic region might reduce or stop the pain. Such procedures include removing (excising) targeted nerves, injecting a medicine into the nerve to block its sensitivity, or using heat or a laser to destroy nerve tissue.
- **Surgery.** Your doctor might recommend surgery to correct certain underlying problems. For instance, pelvic adhesions or endometriosis deposits can be removed by laparoscopic surgery. In laparoscopic surgery, your surgeon performs the operation through several small incisions in your

abdominal wall, using instruments with attached cameras. As a last resort, your doctor might recommend a hysterectomy. Hysterectomy may be an option for certain causes of pelvic pain.

You will often need to try a combination of treatment approaches before you find what works best for you.

Self-care

One of the more frustrating aspects of chronic pain is that it can have a marked impact on your daily life. When pain strikes, you may have trouble sleeping, exercising or performing physical tasks, and you may withdraw from social situations because of the pain.

Often, self-care techniques can ease your discomfort:

- **Relaxation.** Deep-breathing and targeted stretching exercise for your pelvic region could help minimize bouts of pain when they occur. Ask your doctor for advice or seek the assistance of a physical therapist to learn relaxation techniques you can practice at home.
- **Emotional support.** Chronic pain can trigger some intense, negative emotions, such as pain, grief and anger, which can affect your self-esteem and your relationships with others. Admit your feelings to yourself and others — to supportive family members and friends, as well as to your doctor. Acknowledging and talking about your feelings is the first step toward improved emotional health. Keep your family in the loop on the nature of your problem, what treatments might be advised and what to expect down the road.
- **Stress management.** Becoming too anxious or stressed over certain situations may exacerbate chronic pain. Effective stress management techniques not only help reduce your stress levels, but may also have the indirect effect of easing stress-triggered pain.